

FILED

CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES (Rev. 5/99)

1. CIR./DIST./DIV. CODE	2. PERSON REPRESENTED <u>Samir Al Arian et al.</u>	VOUCHER NUMBER <u>TOPRO2203-286-02</u>
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER <u>03-21</u>	5. APPEALS DKT./DEF. NUMBER
7. IN CASE/MATTER OF (Case Name) <u>United States v. al Arian et al.</u>	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other
10. REPRESENTATION TYPE (See Instructions) <u>IDA</u>		
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> <u>18 USC §§ 1962(d), 1956(a)(1), 1952(a), 1963</u>		

REQUEST AND AUTHORIZATION FOR EXPERT SERVICES

12. ATTORNEY'S STATEMENT

As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request:

☐ Authorization to obtain the service. Estimated Compensation and \$ _____ OR

☒ Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (Note: Prior authorization should be obtained for services in excess of \$300, excluding expenses)

Signature of Attorney Bruce G. Howie Date 10/22/03

☒ Panel Attorney ☐ Retained Attorney ☐ Pro-Se ☐ Legal Organization

ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS

Telephone

(727) 344-1111

13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions)

Court order of 7/2/2003 signed by United States District Judge, James Moody
Dkt 207 - Paralegal Services

14. TYPE OF SERVICE REQUESTED

01 <input type="checkbox"/> Investigator	15 <input type="checkbox"/> Other Medical
02 <input type="checkbox"/> Interpreter/Translator	16 <input type="checkbox"/> Voice/Audio Analyst
03 <input type="checkbox"/> Psychologist	17 <input type="checkbox"/> Hair/Fiber Expert
04 <input type="checkbox"/> Psychiatrist	18 <input type="checkbox"/> Computer (Hardware/Software/Systems)
05 <input type="checkbox"/> <u>ENTERED 10-20-3</u>	19 <input type="checkbox"/> Paralegal Services
06 <input type="checkbox"/> Documents Examiner	20 <input type="checkbox"/> Legal
07 <input type="checkbox"/> Fingerprint Analyst	21 <input type="checkbox"/> Jury Consultant
08 <input type="checkbox"/> <u>CERTIFIED 11-6-3</u>	22 <input type="checkbox"/> Mitigation Specialist
09 <input type="checkbox"/> <u>11/1/03</u>	23 <input type="checkbox"/> Publication Services
10 <input type="checkbox"/> Chemist/Toxicologist	24 <input type="checkbox"/> Other (Specify)
11 <input type="checkbox"/> Ballistics	
12 <input type="checkbox"/> <u>VERIFIED 11/1/03</u>	
13 <input type="checkbox"/> <u>11/1/03</u>	
14 <input type="checkbox"/> Pathologist/Medical Examiner	

15. COURT ORDER

Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 12 is hereby granted.

Signature of Presiding Judicial Officer or By Order of the Court

Date of Order _____ Nunc Pro Tunc Date _____

Payment or partial repayment ordered from the person represented for this service at time of

☐ YES ☐ NO

CLAIM FOR SERVICES AND EXPENSES		FOR COURT USE ONLY	
16. SERVICES AND EXPENSES (Attach itemization of services with dates)	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation <u>749</u>	<u>1872.50</u>	<u>1235.00</u>	<u>749 x 4/5 = 494</u>
b. Travel Expenses (lodging, parking, meals, mileage, etc.) <u>108.72</u>	<u>108.72</u>	<u>108.72</u>	<u>108.72</u>
c. Other Expenses			<u>49.4 x 25.00</u>
GRAND TOTAL CLAIMED AND ADJUSTED:	<u>1981.22</u>	<u>1343.72</u>	<u>1235.00</u>

17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS

Brooke V. Livingston
1743 Audrey Dr.
Clearwater, FL 33759

TIN:

Telephone

727-723-7749

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM

10/3/2003

TO

10/20/2003

CLAIM STATUS

☐ Final Payment☒ Interim Payment Number 02☐ Supplemental Payment

I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.

Signature of

Date

10/20/2003

18. CERTIFICATION OF ATTORNEY: I hereby certify that the services were rendered for this case.

Signature of

Date

10/22/03

APPROVED FOR PAYMENT - COURT USE ONLY			
19. TOTAL COMPENSATION <u>1872.50</u>	20. TRAVEL EXPENSES <u>108.72</u>	21. OTHER EXPENSES <u>—</u>	22. TOTAL AMOUNT APPROVED/CERTIFIED <u>1981.22</u>
23. <input checked="" type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$300, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$300.			
Signature of Presiding Judicial Officer <u>J. Moody</u>		Date <u>4 Nov. 03</u>	Judge/Mag. Judge Code <u>3A30</u>
24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED

28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3)

Signature of Chief Judge, Court of Appeals (or Delegate)

Date

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